

## PROGRAM MEMO

Program Memo: Title 390, Protection and Safety # 2- 2006

To: Holders of Title 390

From: Todd Reckling, Administrator  
Office of Protection and Safety

Signed by: \_\_\_\_\_, Director  
Department of Health and Human Services

\_\_\_\_\_  
Date

Effective Date: March 20, 2006

Duration: Until regulations are revised.

Contact: If you have any questions about this program memo, please contact, Pam Mann by phone at (308) 535-8079 or by e-mail at [pam.mann@hhss.ne.gov](mailto:pam.mann@hhss.ne.gov) in the office of Protection and Safety, Central Office.

Purpose: The purpose of this memorandum is to provide expectations for Protection and Safety and the Office of Juvenile Services in the use of Family-Centered Practice in case planning and working with children and families.

The Department has adopted a holistic approach to working with children and families. To promote family self-sufficiency and continuity for families, the Department will assist the family and child to build a support network with extended family members and friends identified by the family, and link the family with community resources that can be independently accessed as referenced in 390 NAC 5-003.01

### **EXPECTATIONS FOR FAMILY-CENTERED PRACTICE IN CASE PLANNING**

The following are the expectations of all Protection and Safety and OJS staff for the use of Family-Centered Practice in case planning and in working with children, youth, and families, regardless of the reason for their involvement with the Department:

1. Safety is not negotiable. Safety issues that have been identified – both for the child and the community – must be addressed in the development of the case plan. Children are considered safe when there are no present or impending danger or threats, or the caregivers' protective capacity controls existing threats. Children are considered unsafe when they are vulnerable to present or impending danger and the caregivers are unable or unwilling to provide protection.
2. The family /youth participate throughout the family's involvement with the Department. Under 390 NAC 5-004.02B, case planning is the responsibility of the worker with the active involvement of the family/youth and the members of the team supporting the family. The case plan must include evidence of their involvement in assessment, strengths discovery, development of the case plan (i.e. outcomes, needs and strength-

based strategies), and evaluation. At a minimum, family/youth involvement must occur during Family Team Meetings and monthly visits.

3. Members of the Family Team are identified by the family, and include anyone who contributes to the planning process and/or implementation of the case plan, as well as any mandated participants. Members of the Family Team may change as the family's/youth's needs change. The Family Team includes at least one informal (unpaid) resource person identified by the family. If the family is unable to identify an informal resource, one of the formal resources on the team will assist the family/youth in locating or developing informal resources.

It is not necessary for every member of the Family Team to be present at every team meeting; however, the family/youth must always participate.

4. Outcomes (goals) are developed with the family and are included in the case plan. Outcomes are stated in specific, measurable, achievable, realistic, and time-limited (SMART) terms. Methods for measuring the attainment of outcomes are documented. Progress toward the outcomes is evaluated throughout the family's/youth's involvement with the Department.
5. Needs are identified with the family/youth and the Family Team. Needs that are addressed in the case plan must be directly related to the identified outcomes.
6. Functional strengths of every family/youth are identified and utilized in the development of the plan. These individual strengths are used in developing strategies to address specific needs that are barriers to achieving the identified outcomes. At least one of the strategies for each outcome must be strength-based.
7. Meetings of the Family Team are held at least two times a year, before each six-month court review. Additional Family Team meetings are held at the request of the family or as deemed necessary or appropriate by other team members. A copy of the case plan is made available to each member of the Family Team and others for whom consent is obtained.

Signatures are obtained from everyone in attendance at each Family Team meeting. A signature indicates the person's participation in the development of the case plan, and understanding and support of the implementation of the case plan. The Protection and Safety worker may note participation, understanding and support of the case plan by family team members who participate by phone or other means.

8. There will be one Family Team and one case plan for each family/youth involved with the Department, regardless of the reason for their involvement. There must be evidence that the Protection and Safety worker initiated collaboration with other program areas within the HHS System to facilitate the coordination of all services provided. This collaboration must be documented in the case file and N-FOCUS narrative.

Department staff must ensure that families/youth are not required to meet conflicting or competing expectations across HHS programs, such as Economic Assistance – Employment First or Developmental Disabilities. Any conflicts between program areas specific to a family/youth must be resolved.